Montana Medicaid and Health Services and Human and Community Services Tribal Consultation
Dec. 10, 2025, 8 a.m. to 5 p.m.
Zoom: https://mt-gov.zoom.us/webinar/register/WN_l_wVufD5Q9aNivRZdN79xg
Dec. 11, 2025, 8 a.m. to 12 p.m.
Zoom: https://mt-gov.zoom.us/webinar/register/WN_utwqBb1ZQxaZBQM1sQMd6A
Cogswell Building, Conference Rooms C205, C207, and C209
1401 East Lockey Avenue, Broadway Entrance, Helena, Montana
Meeting Support Contact: Carla Rime (406) 444-2584 or text (850) 377-3613

Agenda – Day One*
Medicaid and Health Services
Wednesday, Dec. 10

8 a.m. **Registration** (please sign in each day)

8:30 a.m. **Prayer**
Welcome, Introductions, and Purpose

9 a.m. **Tribal Residential Treatment Rate Discussion**
The Department is ready to present and discuss the final information on the Medicaid State Plan Authority and reimbursement structure for tribal substance use disorder (SUD) residential services.

Items for consideration and discussion include:
- Review of the cost report with incorporated suggestions from the last consultation.
- State Plan Authority that will be submitted.
- Updates to internal systems, such as MMIS, for billing and reimbursement purposes.
- Timeline

10:00 a.m. **Break**

10:15 a.m. **Primary Care Case Management (PCCM) Redesign Discussion**
Background
Recap of previous Tribal Consultation discussions (11/6/2024, 10/25-26/2023, 12/5-6/2022).

Program Overview and Features
The Department will present and discuss the implementation of a new Primary Care Case Management (PCCM) value-based program, which will

sunset the current Passport to Health, Comprehensive Primary Care Plus (CPC+), and Patient-Centered Medical Home (PCMH) programs. Implementation will include a three-tiered PCCM model as a glidepath to value-based payments:

- Tier 1: Focuses on preventive care. Participating providers receive a per-member-per-month (PMPM) care coordination fee and must demonstrate quality improvement reporting based on CMS Core measures.

- Tier 2: Focuses on transitions of care. Providers receive a PMPM care coordination fee to support post-hospitalization follow-up (goal: PCP visit within 7 days) and ultimately see a reduction of hospital readmissions.

- Tier 3: To be phased in and will not be included in the initial SPA submission. Focused on individuals with complex needs, participating providers will be eligible for a portion of the risk-adjusted total cost of care savings. Ongoing development will include continuing consultation with Key Partners.

The Department will sunset the 1915(b) Passport to Health Waiver and the two 1932(a) SPAs for CPC+ and PCMH. The Department intends to submit a 1932(a) State Plan Amendment (SPA) for the new program. Target date of submission to the Centers for Medicare and Medicaid Services (CMS) in March 2026, with an effective date of July 1, 2026.

Discussion

- The Department invites any final questions, comments, or concerns related to Tier 1 and Tier 2 implementation-including provider requirements and reporting expectations as detailed in the presentation.
- Gather final feedback or suggestions before proceeding with SPA submission, which will include its own formal public comment period.

Next Steps and Closing

- Timeline review for SPA Submission, comment periods, program transition, and avenues for future communication.
- Process for Tier 3 continuation of Key Partner consultation.

11:15 a.m. Community Health Aide Program (CHAP) Discussion

The Department would like to continue the discussion around the CHAP.

The conversation will focus on updates the Department has received from the Indian Health Service and the Centers for Medicare and Medicaid Services (CMS).

Items for consideration and discussion include:

- Update on the work of the Area Certification Board: establishment of requirements, area-level policies and procedures, training, and certification requirements.
- State Plan Authority status
- Billing Procedures

12:15 p.m. Lunch (provided by DPHHS)

1:15 p.m. Public Comment

1:30 p.m. Senior and Long-Term Care (SLTC) Division Informational Updates

Big Sky Waiver (BSW) Amendment for Category D

The Department is prepared to share information on the Big Sky Waiver Amendment that will be submitted to CMS to add Category D Assisted Living Facility services, as mandated by SB 524 from the 2025 legislative session.

Olmstead Plan Status

The Department would like to present information on the Olmstead Plan development status, which includes information on stakeholder engagement, draft goals and objectives, feedback opportunities, as well as next steps towards finalizing the Olmstead Plan.

2:30 p.m. Break

2:45 p.m. High-Risk Pregnant Women (HRPW) and HEART Home Visiting Targeted Case Management Informational

The Department is redesigning the current Targeted Case Management (TCM) Services for High-Risk Pregnant Women (HRPW) to encompass Montana's House Bill 2 (HB 2) to support Home Visiting Services for eligible pregnant women and parents of children 0-5 with a substance use disorder (SUD)/severe disabling mental illness (SDMI) diagnosis.

Current eligible population:

- High Risk Pregnant Women who meet the current HRPW Criteria.

Pending expanded population:

- Pregnant woman with SUD/SDMI diagnosis, or

- Parent of a child aged 0-5 having a SUD/SDMI Diagnosis

Other items include reviewing and updating paraprofessional qualifications and aligning with other state TCM programs.

The Department plan is to submit a Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) by January 1, 2026.

3:15 p.m. Rural Health Transformation Program (RHTP) Informational Updates

3:45 p.m. Other Topics from Tribal Health Leaders on Medicaid and Health Services and Human and Community Services

4:15 p.m. Closing Comments

4:30 p.m. Preview of Day Two Agenda Topics

Agenda – Day Two*
Human and Community Services
Thursday, Dec. 11

8 a.m. Registration (please sign in each day)

8:30 a.m. Prayer
Welcome, Introductions, and Purpose

9:00 a.m. Supplemental Nutrition Assistance Program (SNAP) Discussion
- Overview of the application process and options for the application
- Financial and non-financial eligibility
- Utility Changes

9:45 a.m. Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T) Discussion
- Overview of services, eligibility, and available locations

10:30 a.m. Break

10:45 a.m. Overview of Able-Bodied Adults Without Dependents (ABAWD) requirements, exemptions, and Geographic Waivers Discussion

11:30 a.m. Public Comment

11:45 a.m. Closing Comments and Wrap-Up

12:00 p.m. Sack Lunch (provided by DPHHS)

*Times are approximate, and topics may take less or more time depending on the amount of discussion.